

# **PROGRAM AND APPLICATION GUIDANCE**

**FY 2001**

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## **RYAN WHITE CARE ACT TITLE III HIV PLANNING AND CAPACITY BUILDING GRANT PROGRAM**

**TO PLAN FOR THE ESTABLISHMENT OF COMPREHENSIVE  
HIV PRIMARY HEALTH CARE SERVICES  
AND EXPAND CAPACITY TO PROVIDE HIV HEALTH CARE SERVICES  
*TARGETING RURAL AND UNDERSERVED AREAS AND COMMUNITIES OF COLOR***

**TITLE XXVI**

**Public Health Service Act**

**Public Law 101-381**

**Ryan White Comprehensive AIDS Resources Emergency Act of 1990,  
as Amended by the Ryan White Comprehensive AIDS Resources Emergency Act Amendments of  
1996 and 2000**

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**Date of Issuance: February 5, 2001**

**Application Due Date: June 1, 2001**

**U.S. Department of Health and Human Services  
Public Health Service  
Health Resources and Services Administration  
HIV/AIDS Bureau**

***NOTE: THIS DOCUMENT IS NOT A COMPLETE APPLICATION KIT. INSTRUCTIONS FOR REQUESTING THE  
NECESSARY APPLICATION FORMS ARE INCLUDED IN THIS DOCUMENT***

## Program Summary

The Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) has grant funds available to plan for the establishment of HIV early intervention services and to expand organizational capacity to provide HIV Early Intervention Services. The year 2001 Planning and Capacity Building Grant Program includes two targeted initiatives:

### ***Initiative 1: Grants to Plan for the Establishment of HIV Early Intervention Services***

This initiative supports public and private non-profit entities in their planning efforts to develop high quality primary health care services for people living with HIV or at risk of infection in rural communities and communities of color. This initiative supports planning efforts in areas that can be shown to be underserved. You must propose planning activities that will result in the availability of a comprehensive continuum of outpatient HIV primary care services in your community through the applicant agency. In FY 2001, we anticipate awarding 90 planning grants under this initiative.

Successful applicants will receive a one year planning grant of \$50,000 with the possibility of second and third year transition grants of \$50,000 each, if federal funds are available and the grantee has performed well in accordance with the terms of the grant. All proposed activities must be completed within the three year period.

### ***Initiative 2: Grants to Expand and Enhance Organizational Capacity to Provide HIV Early Intervention Services***

This initiative supports public and private non-profit entities in their efforts to expand their capacity to provide HIV health care services to, especially services in rural or underserved communities of color. You must propose capacity building activities

that lead to or expand HIV primary care services. In FY 2001, we anticipate awarding 50 capacity building grants under this initiative.

Successful applicants under Initiative 2 are limited to a total grant of \$150,000 over a maximum of three years if Federal funds are available and the grantee has performed well in accordance with the terms of the grant.

The application deadline for both initiatives is June 1, 2001, and grant awards are expected to be issued September 1, 2001.

### **Who is eligible to apply?**

The following criteria will be used to assess applications:

- (1) You must be a public or private nonprofit entity that is or intends to become, a primary care provider agency eligible to apply for the Title III Early Intervention Services (EIS) Program. Programs must demonstrate 501 ( c ) ( 3 ) status, or pending status with the IRS. Current Ryan White Care Act service provider grantees are eligible to apply for funding.
- (2) If you are submitting an application to serve a community of color, you must be an organization indigenous to the targeted community of color. A collaboration funding option is available where one of the applicants can be a primary care provider agency and the second applicant an organization indigenous to the community of color (see page 6).
- (3) Preference will be given to applicants located in rural or underserved communities where HIV primary health care resources, including financial resources available under the Ryan White Care Act, remain insufficient to meet the need to provide services or plan for such services.
- (4) Under Initiative 1 only, current Ryan White Title III EIS Program grant recipients are eligible only if

they are proposing to open a new site to serve communities of color, or rural or underserved areas.

### **Pre-Application Workshop Dates:**

Philadelphia, PA      March 9, 2001

San Francisco, CA    March 19, 2001

Atlanta, GA            April 2, 2001

Dallas, TX              April 9, 2001

Chicago, IL            April 20, 2001

### **Contact Information**

For general program information and technical assistance contact the Program Development Branch at (301) 443-2177. For assistance with budget or financial issues, please contact the Grants Management Branch at (301) 443-1280. A complete application kit can be obtained from the HRSA Grants Application Center at 1-877-477-2123.

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## INTRODUCTION

The HIV/AIDS Bureau announces the availability of Title III HIV Planning and Capacity Building Grants. The 2001 Planning and Capacity Building Grant Program includes two targeted initiatives:

### ***Initiative I: Grants to Plan for the Establishment of HIV Early Intervention Services:***

This initiative supports public and private non-profit entities (you must have 501 ( c ) ( 3 ) status or 501 ( c ) ( 3 ) status pending with the IRS) in their planning efforts to develop high quality primary health care services for people living with HIV or at risk of infection in underserved or rural communities and communities of color. This initiative supports planning efforts in areas that can be shown to be underserved. You must propose planning activities so that a comprehensive continuum of outpatient HIV primary care services may become available in your community through **the applicant agency**. In FY 2001, we anticipate awarding 90 planning grants under this initiative.

### ***Initiative II: Grants to Expand and Enhance Capacity to Provide HIV Early Intervention Services***

This initiative supports public and private non-profit entities (you must have 501 ( c ) ( 3 ) status or 501 ( c ) ( 3 ) status pending with the IRS) in their efforts to develop, expand and enhance their capacity to provide HIV health care, particularly in communities of color, and rural or underserved areas. You must propose capacity building activities that will lead to or expand HIV early intervention services. In FY 2001, we anticipate

awarding 50 capacity building grants under this initiative.

Under both initiatives, early intervention services are defined in the context of the Title III Early Intervention Services described in Attachment A.

For purposes of this grant application, capacity building is defined as follows:

*A set of core competencies that substantially contribute to an organization's ability to develop effective HIV early intervention services. Of particular importance are the quantity, quality, and cost effectiveness of early intervention services and the ability of an organization to sustain the resource base necessary to develop and support these specific competencies: conducting effective HIV/AIDS clinical service delivery; management of program finances; quality assurance and continuous quality improvement programs; personnel management; board development; resources development (including preparation of grant applications to obtain resources and purchase of medical supplies/equipment); conducting service evaluation; and cultural competency development.*

**You must indicate which initiative you are applying under on the Planning and Capacity Building Grant Options Form (see Attachment E).** Submit this form as page one of your application, directly following the Table of Contents. You may apply under either or both of these initiatives. You may apply for 1, 2 or 3 years of funding under each initiative. Grants under Initiative 1 are limited to \$50,000 in year

one, and second and third year “transition grants” of \$50,000 each. You may apply for only one Planning grant in a fiscal year. Grants under Initiative 2 are limited to a total of \$150,000 over a maximum of 3 years.

## **What are my funding options?**

We recognize that organizations serving different geographic areas and populations may be at varying stages in planning for HIV primary care service delivery in their communities and strengthening the capacity of their organizations to provide HIV health care services. For this reason, you will be able to select from the following funding options:

### ***(1) Grants to Plan for the Establishment of HIV Early Intervention Services***

#### ***A. Rural and Underserved Areas***

We will accept applications from private non-profit or public organizations that are designed to improve the HIV primary care services in rural or underserved communities. You may apply for a one year \$50,000 planning grant, or you may apply for a \$50,000 one year planning grant and \$50,000 transition grants for each of a second and third year of planning activities.

If you apply for a second and/or third year of transitional assistance, you are expected to be able to demonstrate substantial progress in achieving the objectives of the first year’s approved work plan. A transitional grant will only be made if a compelling case has been made that an HIV early intervention services program will be established at the close of the second or third year. Second and third year transition grants are non-competitive.

#### ***B. Communities of Color***

Applications will be accepted from indigenous (see page 7 for a definition) private non-profit or public organizations serving communities of color designed to develop HIV primary care in communities of color highly impacted by HIV/AIDS. You may choose to target one or more communities of color. The following funding options are available:

- 1) You may apply for a one year \$50,000 planning grant, or you may apply for a \$50,000 one year planning grant and \$50,000 transition grants for each of a second and third year of activities.
- 2) Applicants in the same community: 1) a primary care provider agency and 2) a Community Based Organization (CBO) or AIDS Service Organization (ASO) that is indigenous to the targeted community (ies) of color may collaborate together in a planning process in their community. Although this is a collaborative effort, each organization is required to submit its own **separate** application. For example, the primary care provider agency should submit a first year \$50,000 grant application and the indigenous CBO/ASO should submit a first year \$50,000 grant application.

**If you are pursuing this option, you must include a written Memoranda of Agreement in the appendix of both applications which outlines how you and the second organization propose to collaborate together on the planning process. We expect that at the end of the planning process, one jointly developed Early Intervention Services (EIS) application will be submitted for the community through**

**the primary care provider agency.**

**(2) *Expansion and Enhancement of Organizational Capacity to Provide HIV Early Intervention Services***

Capacity building initiative grants will be accepted from non-profit private and public entities. These grants must be designed to develop or enhance the organizational capacity of your agency to provide HIV health care services. The intent is that this capacity building grant will lead to the development of a grant to plan for the establishment of HIV Early Intervention Services under Initiative 1, or lead directly to the expansion of HIV early intervention services to persons with HIV such as a Title III Early Intervention Services Grant. You may apply for a total grant of \$150, 000 over a maximum of three years under this initiative.

The intent of this initiative is to assist community based or public organizations located in rural areas and/or communities of color to build their organizational infrastructure so they can develop, enhance and expand their delivery of HIV early intervention services.

**Funding under both Initiative 1 and Initiative 2, will be made available for twelve months, with a project period of up to three years, contingent upon the availability of funds and satisfactory performance.**

**Who is eligible to apply?**

**(1) *Grants to Plan for the Establishment of HIV Early Intervention Services***

A. You must be a public or private nonprofit

entity that is or intends to become, a primary care provider agency eligible to apply for the Title III Early Intervention Services (EIS) Grant Program (see **Attachment A for Title III EIS grantee eligibility information**). A non-profit entity must demonstrate 501 ( c ) ( 3 ) status or have 501 ( c ) ( 3 ) status pending with the Internal Revenue Services (IRS).

B. Under Initiative I only, current Ryan White Title III EIS Program grant recipients are eligible only if you are proposing to open a new site to serve communities of color, rural or underserved areas.

C. If you are submitting an application to serve a community of color, you must be an organization indigenous to the targeted community of color. If submitting a collaborative application (see Page 6), one of the applicants may be a primary care provider agency that is not indigenous to the targeted community in collaboration with and indigenous organization.

For purposes of this application guidance, an indigenous organization serving a community of color is defined as:

***“A community-based or public organization local to and supported by the Community (ies) of Color proposed to be served”***

Preference will be given to applicants located in rural or underserved communities where HIV primary health care resources, including financial resources available under the Ryan White CARE Act, remain insufficient to meet the need to



provide services or plan for such services.

***(2) Grants for the Establishment of  
Organizational Capacity to Provide HIV  
Health Related Services***

- A. You must be a public or private nonprofit entity that is or intends to become an HIV health care provider agency, that will enhance or expand HIV primary care services by utilizing these capacity building grant funds (this may include an intent to apply for a grant under Initiative 1 of this Guidance either currently or at a later date.)
- B. If you are a current Ryan White CARE Act grant recipient (or subcontractor under Title I or II), including Title III providers, you are an eligible entity for a capacity building grant. Preference will be given to entities which have been Ryan White service providers for three years or less.

Preference will be given to applicants located in rural or underserved communities where HIV primary health care resources, including financial resources available under the Ryan White Care Act, remain insufficient to meet the need for HIV services. Preference will also be given to applicant proposing activities in communities of color.

**What am I expected to do with the Grant funds?**

The HIV/AIDS Bureau expects you, through the planning and/or capacity building process, to become prepared to offer, enhance or expand

outpatient comprehensive HIV early intervention services in underserved communities, especially in communities of color and rural or underserved areas. You may use the planning and capacity building processes to apply for the Title III EIS grant or any other source of funding that supports the delivery of outpatient HIV early intervention services.

Most grantees under Initiative 1 will apply for Title III EIS funds after the planning process is completed. The EIS application process is competitive, and **the Federal Government is not obligated to support your application for future operational funding under the Title III EIS Program.**

We expect grantees under Initiative 2 to use capacity building resources to enhance, expand or develop HIV early intervention services, which may include a current or future application under Initiative I or an Early Intervention Services (EIS) grant application.

**This grant program does not provide funding for service delivery.** If your organization is currently in search of funding for the actual provision of HIV primary care services, you should refer to the Program and Application Guidance for the Ryan White Title III Early Intervention Services Program, other Ryan White CARE Act programs (i.e., Titles I, II, and IV), Medicaid, Medicare, and state and local resources for operational funding.

**What am I allowed to do with the Grant funds?**

Because these grants are not operational grants, you cannot use them to support any type of

service delivery, patient care or prevention activities. You may only use these grants to support activities of a planning process or efforts to develop capacity which leads to the establishment of enhanced or expanded comprehensive outpatient HIV early intervention services.

***Initiative 1: Grants to Plan for the Establishment of HIV Early Intervention Services***

You are allowed, but not limited, to use Title III HIV Planning Grant funds for the following activities:

- identifying key stakeholders and engaging and coordinating potential partners in the planning process;
- gathering a formal advisory group to plan for the establishment of services;
- conducting an in-depth review of the nature and extent of need for HIV primary care services in the community. This should include a local epidemiological profile, an evaluation of the community's service provider capacity, and a profile of the target population;
- examining existing HIV Early Intervention Services/primary care programs of similar communities in order to develop the most appropriate model of care for the community;
- defining the components of care and forming essential programmatic linkages with related providers in the community;
- researching funding sources and applying for operational grants.

**We expect all Planning grantees to have conducted a thorough needs assessment and to have developed a comprehensive model of care by the end of the planning process.**

Planning grant funds and/or other funding sources may be used to accomplish these activities.

***Initiative 2: Grants for Expansion and Enhancement of Organizational Capacity to Provide Early Intervention Services***

You are allowed, but not limited, to use Title III HIV Capacity Building funds for the following activities (refer to the definition of capacity building on page 5):

- identifying, establishing and strengthening clinical, administrative, managerial, and management information system (MIS) structures so that the applicant may become able to offer or expand comprehensive HIV primary health care;
- developing a financial management unit of the organization that is capable of managing multiple sources of funding for HIV services and, at a minimum, capable of ensuring that all financial requirements of the Title III EIS program can be met;
- developing and implementing a clinical continuous quality improvement (CQI) program which, at a minimum, ensures implementation of all Public Health Service guidelines for care and treatment of HIV and related illnesses, including the development or improvement of HIV medical record systems;
- increasing capability of the organization to oversee its HIV service provision,

- including development of an organizational strategic plan for HIV care, education of Board members regarding the HIV program, and staff training and development regarding HIV care. These must be a package of activities designed to implement or expand a comprehensive HIV primary care program in the agency;
- purchasing clinical supplies and equipment for the purpose of developing or expanding early intervention services (i.e., purchase of dental chairs and equipment to begin an HIV dental clinic; modification of a ventilation system to accommodate TB care, etc.);
- developing an organizational strategic plan to address managed care changes.

Under both initiatives, you are strongly encouraged to refer to the Ryan White Title III EIS Program and Application Guidance (CFDA 93.918B) to help you understand the scope of services that constitute the continuum of comprehensive HIV primary care and the eligibility criteria for the Ryan White Title III EIS Program. You should use the Title III EIS Program Application and Guidance to guide your planning and capacity building activities so that the HIV primary care program resulting from their efforts is developed in accordance with Title III EIS Program requirements. Copies of the latest Title III EIS Program and Application Guidance can be obtained by calling the Primary Care Services Branch at (301) 443-0735.

## What must I include in my

## application?

**You may submit an application under Initiative 1, Initiative 2, or both.** The grant application requirements are the same, regardless of which initiative(s) for which you are applying. If you are applying for both initiatives, you must clearly distinguish between the two requests by submitting separate budgets, budget justifications and work plans for each initiative.

You must adhere to the following format and include the following application contents so that an objective and consistent review of all applications can be made. You should focus your application on the grant initiative (i.e., Planning for EIS Services or Capacity Building) under which you are applying.

You must include in your application a Project Abstract, Project Narrative, Proposed Activities/Work Plan and a Line Item Budget and Budget Justification. A description of each of these items along with their expected contents follows.

### **A. Project Abstract**

An abstract of your proposal, **not to exceed one page in length**, should be submitted as part of the application. The project abstract should include:

- 1.) A brief statement (one paragraph) indicating the Initiative under which you are applying as well as the proposed service area.
- 2.) A description of your organizational mission, its unique characteristics, and a summary of the services that you currently provide.

- 3.) An overview, including unique characteristics, of the proposed service area and of the target population(s) you propose to serve, specifically information that pertains to the HIV epidemic. This should include an estimate of the number of individuals with HIV and AIDS and the estimated rate of increase of HIV infection in the proposed service area during the next year.
- 4.) A brief description of current HIV resources as well as unmet needs for HIV services in the service area.
- 5.) A summary of the proposed planning and/or capacity building activities. If applying for both initiatives, clearly distinguish your request for each.

## **B. Project Narrative**

Your Project Narrative should **not exceed 18 pages in length if you are applying for Initiative 1, Initiative 2 or both, including required attachments.** The six required components of the project narrative are outlined below. You should ensure that your project narrative is specific to the target population(s), and follows the sequential outline presented below.

### **B.1. Needs Assessment (three pages recommended, including Attachment B)**

You must present data that describe the local HIV/AIDS epidemic. Data must be included in both the Needs Assessment Data Form (see Attachment B) and in narrative form.

**Needs Assessment Data Form:** You are required to supply all the data

requested in Attachment B. To find this data, you should consult your county or state health department, or the Centers for Disease Control and Prevention. The data that you report in Attachment B **must** be specific to the area from which the majority of the proposed clients will be drawn.

**Needs Assessment Narrative:** You must describe the HIV/AIDS epidemic in the proposed service area citing the data presented in Attachment B that is available from local and Centers for Disease Control officials. This includes the number of reported HIV and AIDS cases in Calendar Year 1998 and 1999, the projected number of HIV and AIDS cases, and the number of reported sexually transmitted diseases (which serve as surrogate markers of HIV infection).

Applications are evaluated on the extent of actual and projected HIV disease burden in the proposed service area. The Needs Assessment may demonstrate a decreasing number of new AIDS cases. You should discuss the increasing burden of care caused by persons living longer, drug regimens, etc.

**Your application must document the sources of all data submitted in this section and indicate whether the data are reported or estimated.**

### **B.2. Socio-demographic Information (recommended 2 pages)**

**You must clearly identify your HIV targeted population(s), and describe their socio-demographic characteristics that are**

**pertinent to the provision of HIV services.**

To the extent possible, this description should include the distribution by race/ethnicity, gender, age and dominant modes of HIV transmission.

The racial/ethnic and age distribution of the general population should also be included for the purpose of comparison. Other characteristics could include homelessness, substance use, migration, language, cultural issues, transportation resources, standard of living, percent insured, etc. **These statistics must be specific to the geographic area from which the majority of the proposed clients will be drawn.**

Community specific statistics are most important to cite in describing the HIV epidemic in the service area. Statistics from the larger metropolitan service area or community may be cited for purposes of comparison and contrast.

**B.3. Current HIV Service Delivery System (recommended 5 pages including attached map)**

Briefly describe the existing HIV service delivery system within the proposed service area. If you are applying under Initiative 2, and are proposing activities specific to a health care service (i.e., opening a dental clinic), limit your discussion to that specific type of service. We recommend you use a chart format to present this information, and a brief narrative that explains the chart. Include the following:

- 1.) Description of the locations, type, amount and current way that HIV services (both prevention and care) are provided within the proposed service area.

- The description should include both public and private organizations that provide HIV services.
- Identify the number of individuals receiving care from such organizations.
- Indicate if there are other Ryan White funded primary care programs located in, or providing services to, the target community.
- Attach a map of the proposed service area that shows your location and the location of other primary care service providers.

- 2.) Description of significant barriers that impact access to care. For example, available services may be inaccessible due to distance, culture, eligibility requirements, etc.

- 3.) Description of Federal, state and private funding sources for HIV prevention and care available in the community.

- Of the available funding described, identify the level of financial support received by your organization.
- Specify the amount of funding received from the Ryan White CARE Act Titles, I, II, III, IV or the Special Projects of National Significance (SPNS) Program by both the community and your organization. If other Ryan White

CARE Act funds are available in the community, explain why those funds are not being utilized for this planning or capacity building activity.

- 4.) Description of current gaps in HIV early intervention services/primary care within the targeted service area.
- Discuss the populations not being served currently and/or define what services are not available.
  - This brief needs assessment should justify the need for grantee support to plan these services for the underserved population or to build capacity to address the needs of this population.

**B.4. Organizational Capabilities and Expertise (recommended 4 pages, including attached organizational chart)**

Describe the current organizational capabilities and expertise of the applicant organization. Outline each of the following areas:

- 1.) Describe the mission of your organization and describe how the Title III HIV Planning and Capacity Building Grant fits within that mission.
- 2.) Indicate if primary care services are currently provided by your organization. If your agency does not currently provide primary care services, you should describe your intent to become a primary

care provider by the end of the grant project period (this does not apply to indigenous ASOs/CBOs applying under Initiative 1B(Communities of Color)).

- 3.) Outline the scope and range of HIV or HIV-related services currently provided by the organization, the overall number of clients served and the geographic area served. If the applicant organization does not presently provide HIV related services, provide information on the types of health or social services the organization provides, including the number of clients served and the geographic area.
- 4.) Indicate the agency's overall annual budget amount. State why your organization is the appropriate entity to receive these funds and describe particular capabilities of the organization (e.g. staff skills, current capacity to provide services, cultural competence, evaluation capabilities, experience-administering grants, access to target populations, etc.).
- 5.) Discuss the organizational structure. Provide an organizational chart in the appendix of the application which outlines the professional roles of the staff and reporting relationships.
- 6.) If applying under Initiative 1B, verify that your organization is local to the community (ies) of color to be served and is supported by the community (ies) of color proposed to be served. Demonstrate that the applicant agency serves and has access to the targeted

community of color (clients, staffing, or other variables). Indicate the applicant agency's history of providing services to the target population.

7.) If you are a non-profit agency, you must provide proof of Federal 501 ( c) (3) status or provide proof of such status pending with the Internal Revenue Service.

8.) Provide an area map in the appendix of the application, indicating the proposed service area and location of your organization.

#### **B.5. Role in the Community/Collaboration with Other Organizations (recommended 3 pages)**

You should discuss your proposed role within the community in planning for the delivery of HIV primary care services OR developing capacity to provide services to underserved populations. If you are applying under Initiative 2, and are proposing a specific service (i.e., dental care), limit your discussion to the specific type of service. You should indicate how and to what extent you will collaborate with the following entities:

- 1.) city/county/state health, mental health and substance abuse agencies
- 2.) Ryan White CARE Act Title I Planning Councils and grantees, where applicable.
- 3.) Ryan White CARE ACT Title II Consortia and grantees
- 4.) Ryan White Title III EIS funded

programs and Title IV programs

5.) Other HIV or primary care service providers

6.) HIV prevention activities

7.) Organizations representing the interests of people living with HIV disease, and any other relevant community organizations

If awarded a planning grant under Initiative 1, the planning grantee must document, as part of their planning process, collaboration and linkages with any existing Title III EIS programs in the proposed planning area. The planning grantee must consider expansion of existing Title III EIS resources, where available, as a priority for meeting the need in the planning area.

You should include letters of support/commitment in the appendix of your application from organizations you identify in your narrative as being key players in the planning or capacity building process.

Organizations applying under Initiative 1B should include letters of commitment which clearly demonstrate the support of the targeted community (ies) of color.

#### **B.6. Involvement of People Living with HIV/AIDS (PLWH) (recommended 1 page)**

You must demonstrate the active inclusion of Persons Living with HIV/AIDS and/or organizations that represent them in the planning or capacity building process. If you choose to establish or use an existing consumer advisory group, you are encouraged to involve advisory

group members who reflect the cultural, racial, gender, sexual orientation and economic composition of persons with, or at high risk for, HIV infection in your service area.

**C. Proposed Planning and Capacity Building Activities/Work Plan**  
**( 5 pages maximum for each Initiative)**

You must provide a work plan (see required format in Attachment C) which outlines the range of planning and/or capacity building activities that you propose to undertake in order to enable your agency and the community to develop, provide, or expand comprehensive HIV primary health care services. **Proposed planning and/or capacity building activities should lead to the establishment or enhancement of comprehensive HIV primary care services in the community by the end of the proposed grant period.**

**If you are applying for both Initiative I and Initiative 2, you must provide a separate work plan for each Initiative. Your work plan should include goals for the program and identify objectives and key action steps which are specific, time framed, and measurable.**

Under Initiative 1, the objectives and key action steps should delineate the activities that will be taken to plan the Early Intervention Services/Primary Care Program and provide a basis for evaluating the program. Under Initiative 2, you should delineate the activities that will be necessary to implement the capacity building proposal and provide a basis for evaluating how this will lead to the development, enhancement or expansion of HIV primary care services in the service area. **Your work plan must be in chart**

**format (see attachment C).**

At a minimum, your work plan should include the following:

- G** problem statement  
(1-2 sentences)
- G** goals  
(1 sentence each)
- G** objectives for each goal  
(1 sentence each)
- G** key action steps for each objective (1 sentence each)
- G** responsible person(s) for each action step
- G** targeted completion date
- G** a method of evaluating each objective  
(1 sentence each)

The work plan should directly relate to the needs you previously identified in the Project Narrative section of your application. Applications will be evaluated according to the adequacy, scope and completeness of the proposed planning and/or capacity building activities.

**If you are submitting a collaboration application under Initiative 1B, you and the second applicant will submit separate applications.** Your work plans should be similar to each other since it is a collaborative planning effort for the one community. Identical work plans are allowable as long as the work plan clearly delineates which goals, objectives and



activities each organization will be responsible for completing with these grant funds.

The detailed work plan described above must be submitted for a 12 month project period (September 1, 2001-August 31, 2002).

Applicants who intend to seek a second or third year of funding should present a less detailed narrative regarding year two and year three project activities, but sufficiently demonstrate how project activities will be completed and lead to establishment of HIV early intervention services.

Successful applicants for two or three year grants will be required to submit non-competing second and third year grant applications. Continuation of funding will be dependant on the outcome of the first year activities.

#### **D. Line Item Budget and Justification (recommended 2 pages for each Initiative)**

Your organization must present a line item budget and budget justification for the first year project period if you anticipate a second and/or third year of funding, provide and estimated budget for those years. A separate line-item budget and budget justification must be completed for each Initiative. However, the Federal Standard Form 424A, which must be submitted with the application, should be a combined total of the two line item budgets (follow the example in Attachment D). The line-item budget and budget justification must be presented in the specific format shown in Attachment D. The budget justification should clearly describe each of the itemized expenses and explain how it contributes towards achieving the program's goals. Each of the line item budget categories are described below:

**Personnel:** For each position, delineate the FTE allocation and briefly describe the major job responsibilities. Provide the names of each person and the annual salary. Indicate if a position is vacant.

**Fringe Benefits:** Itemize the components that comprise the fringe benefit rate (e.g., health insurance, FICA, SUTA, life insurance, retirement plan, tuition reimbursement).

**Equipment:** Itemize equipment costs and provide justification for the need of the equipment to carry out the grant's goals.

**Travel:** Itemize travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff members completing the travel should be outlined.

For long distance travel, the number of trips, number of travelers, costs, and staff members completing the travel should be outlined. We expect successful grant applicants to attend the Title III HIV Planning and Capacity Building Grantee Orientation in November 2001 in Washington, D.C.. In addition, Initiative 1 applicants are expected to attend the Ryan White Title III EIS Pre-Application Workshop scheduled for May 2002 in Washington, D.C..

All travel expenses associated with attending these meetings should be included in your grant line-item budget and budget justification.

**Supplies:** Delineate types of supplies to

be purchased.

**Contractual:** Provide a clear explanation as to what the contract is for. If possible, identify the contractor. Indicate the number of hours of service and estimated hourly or daily reimbursement.

**Other:** Itemize all costs in this category and explain in sufficient detail to enable allowability determinations to be made. In most cases, telephone/fax, postage, legal fees, rent, utilities, insurance, membership dues, subscriptions, conference fees and audit related costs would fall under this category.

Funding under this grant program may be used to support staff salary or consultant fees to coordinate and implement the proposed planning and/or capacity building activities. Moreover, you may request support for some materials and equipment that are reasonably required to execute the proposed activities.

Items requested in the budget should fall under reasonable expectations for Federal grant support. The budget must support and relate directly to the proposed planning goals, objectives and action steps as outlined in your work plan. All budget requests will be reviewed by Federal staff and may be revised if the proposal is approved for funding.

If you are applying under **Initiative 1B as a collaborative proposal**, you and the second applicant will submit separate applications with separate line-item budgets and justifications. The budget line-item and justification should only reflect that portion of the work plan for which your agency will be responsible.

## How should I prepare my application?

### A. FORMAT AND STYLE

You must submit your application using PHS Form 5161-1 (July 2000), which is included in the application package. **You are to clearly print the following on the upper right hand corner of Standard Form (SF) 424 (of the PHS 5161-1) and on the envelope in which the application is submitted:**

#### Ryan White Title III HIV Planning and Capacity Building Grant

All applications must:

- G** be typed single-spaced in standard size black type (not to exceed 15 characters per inch) on 8.5" X 11" white paper that can be photocopied;
- G** be serially numbered starting with the Planning and Capacity Building Grant Options Form **(which should directly follow the Table of Contents);**
- G** use conventional border margins;
- G** use only one side of each page; and

- G** be secured with paper clips or rubber bands.

18 pages in length)

Applications must **NOT**:

- G** include tabs, divider or paper that is larger or smaller than 8.5" by 11";

- G** be bound or placed in notebooks.

- Needs Assessment
- Socio-demographic Information
- Current HIV Delivery System
- Organizational Capability and Expertise
- Role in the Community/ Collaboration with other Organizations
- Involvement of People Living with HIV/AIDS

## **B. SEQUENCE OF THE APPLICATION**

Your application components should be assembled as follows:

- G** PHS 5161-1 grant application Standard Form 424
- G** Budget Information-Non Construction Programs (Standard Form 424 A) Sections A-F
- G** Checklist (pages 25-26)
- G** Assurances - Non-Construction Programs (Standard Form 424 B)
- G** Certifications (pages 17-19)
- G** Table of Contents
- G** Title III Planning and Capacity Building Grant Options Form (Attachment E)
- G** Project Abstract (not to exceed one page in length)
- G** Project Narrative (not to exceed

- G** Proposed Planning and Capacity Building Activities/Work Plan (recommended 5 pages for each Initiative)

- G** Line-Item Budget (1 page for each Initiative)

- G** Budget Justification (1 page for each Initiative)

- G** Appendices:

- Completed Needs Assessment Data Form (1 page)
- Organizational Chart (1 page)
- Map of proposed service area and applicant's location (1 page)
- Other attachments as needed

## **C. SUBMISSION OF COMPLETED**

## **APPLICATIONS**

Your completed application for the FY 2001 Planning Grant and Capacity Building Program is **due June 1, 2001**. Your application will be considered meeting the deadline if it is: (1) received on or before the deadline date, or (2) postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. You should request a legible dated receipt from a commercial carrier or U.S. Postal Service postmark. **Private metered postmarks will not be acceptable as proof of timely mailing.**

In order to receive consideration, **an original completed application plus two copies must be sent to the HRSA Grants Application Center**. While it is optional, in order to facilitate the review process, please send two additional copies, for a total of one original completed application plus four copies.

The entire package should be sent to:

HRSA Grants Application Center  
1815 N. Fort Myer Drive, Suite 300  
Arlington, VA 22209  
Attention: CFDA#93.918C  
Phone: (1-877-477-2123)

For general program information and technical assistance, you may call the Program Development Branch (PDB) at (301) 443-2177. Information or technical assistance regarding business, budget or financial issues should be directed to the Grants Management Branch (301) 443-1280.

## **D. PRE-APPLICATION WORKSHOPS AND OTHER TECHNICAL ASSISTANCE**

In March and April 2001, HRSA will conduct Title III HIV Planning/Capacity Building Grant Pre-Application Workshops in Atlanta, GA;

Philadelphia, PA; Chicago, IL; Dallas, TX and San Francisco, CA. Final workshop dates and locations can be obtained on the HRSA webpage: [hrsa.gov/hab](http://hrsa.gov/hab).

The National Minority AIDS Council (NMAC) has been contracted to provide technical assistance to grantees in preparation of their planning and capacity building grant applications. Contact the Program Development Branch at (301) 443-2177 to obtain information on how to access this technical assistance.

## **E. SINGLE POINT OF CONTACT PROCESS**

Most states have a system for reviewing applications submitted to the Federal government by organizations located within their state. Therefore, you must contact your State Single Point of Contact (SPOC) and follow the SPOC's instructions prior to the submission of your application. The HRSA Application Kit contains a listing of states participating in the SPOC review process and provides contact information. For proposed projects serving more than one state, you are advised to contact the SPOC of each affected state.

## **How is my application reviewed?**

### **I. Review Process**

Your application will be reviewed and rated by an Objective Review Committee (ORC) composed of Federal and non-Federal persons experienced in the organization and delivery of HIV-related health and support services. Your application will also be reviewed by Federal grant officials for adherence to funding requirements. The ORC will evaluate the applications using the review criteria cited below. Final decisions regarding funding for planning and capacity building grants are made by the

HIV/AIDS Bureau Associate Administrator and are expected by **August 31, 2001**. Successful applicants will be funded September 1, 2001.

## **II. Review Criteria**

Points will be allocated based on the extent to which the proposal addresses each of the criteria listed below. A proposal receiving zero points in any section will not be approved for funding.

### **Criterion 1: Project Narrative (25 points)**

#### **(a) Needs Assessment Section:**

- G** Has the Needs Assessment Data Form been completed?
- G** Have you provided data specific to the proposed service area and target population (s)?
- G** Have you referenced from reliable sources?
- G** Have you provided data specific to the previous two calendar years?
- G** Does your data document an increasing level of HIV care needs in the target population within the proposed service area?

#### **(b) Socio-demographic Profile:**

- G** Do you clearly identify your target population?
- G** Have you sufficiently described the socio-demographic characteristics of the target population within the proposed service area (at a minimum, by race, age,

sex, and risk category)?

#### **(c) Current HIV Service Delivery System:**

- G** Have you clearly described the type, amount and current way that HIV services are delivered within the proposed service area?
- G** Have you sufficiently described service gaps in HIV early intervention/primary care within the proposed service area?
- G** Does your description document a lack of HIV services available to the target population (s)?
- G** Have you specified the amount of funding received from Ryan White CARE Act Titles I, II, III, IV or the Special Projects of National Significance (SPNS) Program by both the community and applicant organizations?
- G** If CARE Act Title I or II funds are available in the community, have you adequately explained why these resources are not used for this proposed activity?
- G** Have you addressed relevant geographic, social, economic, and cultural barriers to care?

#### **(d) Organizational Capabilities and Expertise:**

- G** Have you clearly described your agency's mission, the services you provide, and your agency's ability to conduct planning/capacity building grant activities?
- G** Have you demonstrated that your agency

has the resources and commitment to undertake this planning/capacity building initiative?

**G** Do you currently provide primary care services? If you are not a current primary care service provider, have you sufficiently demonstrated your intention to become a primary care service provider (exception for CBO under Initiative 1B collaborative proposal)?

**G** Have you sufficiently described the structure of your organization and provided an organizational chart?

**G** If applying for Initiative 1B, have you demonstrated you are local to the community (ies) of color to be served?

**G** Have you provided an area map in the appendix of your application which indicates the proposed service area and location of your organization?

**Criterion 2: Role in the Community/  
Collaboration with  
Organizations (10 points)**

**G** Have you clearly described your proposed role within the community in planning for the delivery of HIV primary care services or capacity building to establish, enhance, or expand HIV services?

**G** Have you justified that you are the appropriate organization in the community to receive this grant and conduct HIV planning and/or capacity building activities?

**G** Have you indicated the extent to which you will collaborate with other key stakeholders in your community (e.g., other Ryan White CARE Act funded programs, other HIV or primary care service providers, city/county/state health agencies, etc.)?

**G** Under Initiative 1, have you included in the appendix letters of commitment from key organizations that will be involved in the planning process; do these letters demonstrate that you have the support of the community?

**G** If applying under Initiative 1B, is the support of the targeted community (ies) of color clearly evidenced by letters of support in the appendix from organizations that represent the targeted community (ies) of color?

**Criterion 3: Involvement of People  
Living with HIV/AIDS  
(PLWH) (10 points)**

**G** Have you sufficiently demonstrated how PLWH will be included in the grant process?

**G** Have you demonstrated that the PLWH involved will reflect the demographic composition and exposure categories of persons with, or at risk for HIV infection, in your community and/or target population?

**Criterion 4: Planning and Capacity  
Building Activities  
Work Plan (30 points)**

**G** Have you used the required work plan format as noted in Attachment C of the application guidance for each Initiative for

which you are seeking funds?

**Criterion 6: Adherence to the Program  
Guidance (5 points)**

- |  |   |
|--|---|
| <p><b>G</b> Do your proposed activities pertain specifically to the planning and/or capacity process rather than to the provision of care?</p> <p><b>G</b> Does your work plan include clearly written and realistic goals, objectives and activities? Are these goals time-framed and measurable? Have you specified an evaluation method for each objective/action step?</p> <p><b>G</b> Is the evaluation portion of the work plan reasonable and will it effectively evaluate progress made on the grant activities?</p> <p><b>G</b> Will goals, objectives and activities plausibly lead to the establishment of a comprehensive system of HIV primary care?</p> <p><b>G</b> If applying under Initiative 2, do the activities substantially contribute to an overall play by the organization to develop, enhance or expand HIV primary care service delivery.</p> | <p><b>G</b> Does your application adhere to the format as outlined in the program guidance?</p> |
|--|---|

**Criterion 5: Appropriateness of Budget  
(20 points)**

- G** Have you included a line-item budget and budget justification in the required format?
- G** Is your budget appropriate to the proposed grant activities?
- G** Does your budget justification explain each line item in relation to the goals, objectives and activities of the project work plan?

## **ATTACHMENT A**

### **DESCRIPTION OF THE RYAN WHITE TITLE III EARLY INTERVENTION SERVICES (EIS) PROGRAM**

#### **PURPOSE OF THE GRANT**

Through discretionary grants, the Title III Early Intervention Services (EIS) Program of the Ryan White CARE Act provides grant support for outpatient HIV early intervention and primary care services for low-income, medically underserved people in existing primary care systems.

The purpose of the program is to increase the present capacity and capability of eligible ambulatory health service entities to provide HIV Early Intervention Services (EIS)/primary care to individuals who are at-risk for HIV infection or are HIV-infected. HIV EIS/primary care, applied in the outpatient setting, assures a continuum of care which includes:

(1) identifying persons at risk for HIV infection and offering HIV counseling and testing; and (2) providing lifelong comprehensive primary care for those living with HIV/AIDS. Title III EIS grantees must demonstrate their ability to provide HIV primary care at their facility or at another facility.

EIS/primary care includes an initial clinical and laboratory evaluation with subsequent primary care services provided on an ongoing, outpatient basis. Ideally, EIS is initiated early in the course of HIV disease when CD4 counts are relatively high (above 500 cells per cu. mm.), however, entry into EIS care may take place at any point in the spectrum of disease.

Title III EIS grantees must provide the following services:

- HIV counseling and testing;
- counseling and education on living with HIV disease;
- appropriate medical evaluation and clinical care, such as CD4 cell monitoring, viral load testing, antiretroviral therapy, prophylaxis and treatment of opportunistic infections, malignancies, and other related conditions;
- other essential primary care services to be provided on-site or by referral include oral health care, outpatient mental health care, outpatient substance abuse treatment, nutrition counseling services; and
- appropriate referrals for health services including specialty medical care and clinical trials.

Title III EIS grantees must spend a minimum of 50% of their Title III EIS funds on providing primary



care services to HIV-positive individuals, which include those services listed above. Grant funds may be used to pay for the costs of providing additional optional services but only to the extent that these services are necessary to support the specified early intervention services/primary care. Title III EIS grantees must provide a clear justification as to why optional services cannot be paid for through other appropriate funding sources. Examples of optional services include outreach, case management or eligibility assistance.

## **ELIGIBLE APPLICANTS**

Eligible applicants are public entities and nonprofit private entities that are:

- ! Migrant health centers receiving support under section 330(g) of the PHS Act;
- ! Community health centers receiving support under section 330 of the PHS Act;
- ! Health care for the homeless grantees receiving support under section 330(h) of the PHS Act;
- ! Family planning grantees receiving support under section 1001 of the PHS Act, other than States;
- ! Comprehensive Hemophilia Diagnostic and Treatment Centers;
- ! Federally-qualified health centers supported under section 1905(1)(2)(B) of the Social Security Act; or
- ! A public or nonprofit private entity that currently provides comprehensive primary care services to populations at risk of HIV disease.

To be eligible to receive funding under the Title III EIS Program, the applicant must be a qualified Medicaid participating provider.

**ATTACHMENT B**

**NEEDS ASSESSMENT DATA FORM - HIV PLANNING AND CAPACITY BUILDING GRANTS  
Ryan White CARE Act, Title III**

Service area/community that you propose to serve (counties and/or zip codes): \_\_\_\_\_

---

**Note: The data reported in this section must be specific to the proposed service area/community. Document the sources of all data reported below and indicate whether the numbers are known or estimated.**

1.      1999 population of service area: \_\_\_\_\_  
  
          Number of reported cases of AIDS in 1999: \_\_\_\_\_  
  
          Number of reported cases of AIDS in 1998: \_\_\_\_\_  
  
          Percent increase or decrease in AIDS (1999 cases  
          minus 1998 cases, divided by 1998 cases X 100) \_\_\_\_\_
  
2.      Number of known HIV-infected persons  
          in the service area/community and/or the  
          estimated number of HIV-infected persons  
          in the service area/community \_\_\_\_\_  
  
          Projected number of HIV-infected  
          persons in the service area or community  
          during the next year \_\_\_\_\_
  
3.      Surrogate markers for HIV infection:  
  
          Number of reported cases of gonorrhea in 1999: \_\_\_\_\_  
  
          Number of reported cases of gonorrhea in 1998: \_\_\_\_\_  
  
          Percent increase or decrease in gonorrhea (1999 cases  
          minus 1998 cases, divided by 1998 cases X 100): \_\_\_\_\_  
  
          Number of reported cases of syphilis in 1999: \_\_\_\_\_  
  
          Number of reported cases of syphilis in 1998: \_\_\_\_\_

**ATTACHMENT B (continued)**

**NEEDS ASSESSMENT DATA FORM - HIV PLANNING AND CAPACITY BUILDING GRANTS  
Ryan White CARE Act, Title III**

Percent increase or decrease in syphilis (1999 cases  
minus 1998 cases, divided by 1998 cases X 100): \_\_\_\_\_

State source(s) of data: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ATTACHMENT C-1

### **SAMPLE - BELLEFONTE COMMUNITY HEALTH CENTER (BCHC) HIV PLANNING GRANT WORK PLAN (Initiative 1)**

**Problem/Need:** There is no formal documentation of the HIV/AIDS epidemic in the three county area nor of the needs of PLWH and providers regarding HIV/AIDS early intervention/primary care services. As a result, community leaders and many service providers do not view HIV/AIDS as a problem in their community.

<b>Goal I: To increase the communities understanding of the local HIV epidemic, the needs of PLWH and service providers regarding HIV/AIDS care.</b>			
<b>Objective</b>	<b>Key Action Steps</b>	<b>Evaluation Methods</b>	<b>Person Responsible</b>
I.1. By 1/20/01 community leaders and service providers in the three county area will understand the epidemiological and demographic profile of HIV/AIDS in their community.	<p>I.1.1 Obtain and compile epidemiological demographic statistics from state/local health departments including reported HIV/AIDS cases, distribution for age/race/gender, surrogate markers, etc. for three counties by 10/00.</p> <p>I.1.2 Develop document that profiles the HIV/AIDS epidemic in the three counties by 10/00.</p> <p>I.1.3 Identify key community leaders and service providers by 11/00.</p> <p>I.1.4 Meet with key community leaders and service providers to share document and raise awareness about HIV/AIDS by 1/20/01</p> <p>I.1.5 Share document with local media and work with them to raise community awareness about HIV/AIDS by 1/20/01</p>	<p>I.1.1 and 2 Completed document with epidemiological/demographic profiles for three counties.</p> <p>I.1.3 Listing of key community leaders and service providers.</p> <p>I.1.4 Meetings with community leaders and service providers conducted.</p> <p>I.1.5 Articles written in local newspapers about HIV/AIDS in the three counties.</p>	Ann Oliver, Project Director

**Problem/Need: There is no coordinated system of care for African American people with HIV/AIDS in the three county area.**

<b>Goal II: To increase collaboration/coordination between African American providers regarding HIV/AIDS services.</b>			
<b>Objective</b>	<b>Key Action Steps</b>	<b>Evaluation Methods</b>	<b>Person Responsible</b>
II.1. By 2/20/01 Planning Committee of African American community leaders and primary care providers for the Ryan White Title III Planning Grant will be formed.	II.1.1 African American key service providers will establish a Planning Grant Committee by 1/20/01  II.1.2 Recruit at least one African American PLWH and/or a African American PLWH's family member from each county to serve on Planning Committee by 2/20/01	II.1.1 and 2 Invitations offered to prospective committee members and committee established.	Beadle Bailey, Project Director and HIV Planning Grant Committee
I.3. By 3/20/01 African American, community leaders and service providers will understand the needs of African American PLWH and their families in the three county area.	I.3.1 Develop African American PLWH needs assessment tool by 11/00.  I.3.2 Develop confidential process to collect data from African American PLWH and their families by 12/00.  I.3.3 Administer survey tool, analyze and document results by 1/20/01.  I.3.4 Share results with HIV Planning Grant Committee, African American community leaders, senior staff and key providers in three counties 3/20/01.	I.3.1 African American PLWH Needs Assessment developed.  I.3.2 Confidential process developed.  I.3.3 Survey results completed and documented in a manner which assures respondent anonymity.  I.3.4 Results shared with planning committee, African American community leaders, senior staff and key providers .	Beadle Bailey, Project Director and HIV Planning Grant Committee

**Note: The content of this sample work plan is fictional and not complete. It is meant only to provide an example of how the applicant should format their goals, objectives, action steps, evaluation plan and designate a responsible person for their planning process.**

**ATTACHMENT C-2**

**SAMPLE - BELLEFONTE COMMUNITY HEALTH CENTER (BCHC)HIV CAPACITY  
BUILDING GRANT WORK PLAN (Initiative 2)**

**Problem/Need:** There is not a clinical quality assurance program in place to ensure the implementation of Public Health Service guidelines for HIV/AIDS care and treatment.

<b>Goal I: To develop clinical protocols in accordance with Public Health Service guidelines</b>			
<b>Objective</b>	<b>Key Action Steps</b>	<b>Evaluation Methods</b>	<b>Person Responsible</b>
I.2. By 5/30/01 all Public Health guidelines related to the care of persons with HIV/AIDS will be identified and integrated into the project's established health care system.	I.2.1. Obtain and compile information on Public Health Service HIV/AIDS care and treatment guidelines. I.2.2. Develop documents that ensure documentation of HIV/AIDS information in patient charts. I.3.3. Develop initial and ongoing training of clinical and non-clinical staff in the implementation of the clinical protocols as appropriate.	I.2.1. and 2. Ongoing review of current Public Health Service clinical care and treatment guidelines.  I.2.3. Pre and post test of in service training content and monitoring of implementation of appropriate treatment and care. Review of patient charts.	Jean Patoozio, ARNP, Clinical Coordinator

Note: The content of this sample work plan is fictional and not complete. It is meant only to provide an example of how the applicant should format their goals, objectives, action steps, evaluation plan and designate a responsible person for their grant process.

**ATTACHMENT D-1**

**SAMPLE - LINE ITEM BUDGET**

**Initiative I - Planning Grant Proposal**

<u>Line Item</u>	<u>Salary</u>	<u>FTEs</u>	<u>Totals</u>	<u>Estimate Year</u> <u>2</u>	<u>Estimate Year 3</u>
<i>Personnel</i>					
Proj. Manager (vacant)	30,000	1.0	30,000	30,000	30,000
<b>TOTAL</b>			<b>30,000</b>	<b>30,000</b>	<b>30,000</b>
<i>Fringe</i>					
<i>Benefits(24%)</i>			7,200		7,200
<b>TOTAL</b>			<b>7,200</b>	<b>7,200</b>	<b>7,200</b>
<i>Equipment</i>					
Personal			2,500		2,500
Computer			<b>2,500</b>	2,500	<b>2,500</b>
<b>TOTAL</b>				<b>2,500</b>	
<i>Travel</i>					
Plan. Grant					
Orientation			950		950
EIS Pre-App.				950	
Workshop			950		950
<b>TOTAL</b>			<b>1,900</b>	<b>950</b>	<b>1,900</b>
<i>Supplies</i>					
Office					
Supplies			1,000		1,000
<b>TOTAL</b>			<b>1,000</b>	<b>1,000</b>	<b>1,000</b>
<i>Contractual</i>					
Consultant			3,200		3,200
<b>TOTAL</b>			<b>3,200</b>	<b>3,200</b>	<b>3,200</b>
<i>Other</i>					
Rent			1,500		1,500
Utilities			500	1,500	500
Phone/Fax			250	500	250
Postage			250	250	250
<b>TOTAL</b>			<b>2,500</b>	<b>250</b>	<b>2,500</b>
				<b>2,500</b>	
<b>GRAND TOTAL</b>			<b>50,000</b>	<b>50,000</b>	<b>50,000</b>





**ATTACHMENT D-2**

**SAMPLE - LINE ITEM BUDGET**

**Initiative 2 - Capacity Building Proposal**

<u>Line Item</u>	<u>Salary</u>	<u>FTE</u>	<u>Totals</u>	<u>Estimate Year2</u>	<u>Estimate Year 3</u>
<i>Personnel</i>	0	0	0	0	0
<i>Fringe Benefits</i>	0	0	0	0	0
<i>Equipment</i>					
Personal					
Computer			3,000	0	0
Laser Printer			2,000	0	0
<b>TOTAL</b>			<b>5,000</b>	0	0
<i>Travel</i>					
<b>TOTAL</b>			1,575	0	0
			<b>1,575</b>	0	0
<i>Supplies</i>					
Office Supplies					
<b>TOTAL</b>			2,000	0	0
			<b>2,000</b>	0	0
<i>Contractual</i>					
Clinical					
Coordinator	30,000		30,000	0	0
(vacant)					
Secretary	10,925		10,925	0	0
(vacant)					
<b>TOTAL</b>			<b>40,925</b>	0	0
<i>Other</i>					
Phone/Fax			250	0	0
Postage			250	0	0
<b>TOTAL</b>			<b>500</b>	0	0
<b>Grand Total</b>			<b>50,000</b>	0	0

**ATTACHMENT D-1 (continued)**  
**SAMPLE - BUDGET JUSTIFICATION**  
**Initiative I - Planning Grant Proposal**

**A. Personnel**

\$30,000

A full time project manager will be hired for this planning effort and will be responsible for: directing/monitoring the contract for the needs assessment; recruiting/convening advisory group members; identifying/organizing appropriate providers for the EIS/primary care system; writing the Title III EIS application; and serving as liaison with the Federal Title Office and other HIV related local/state/Federal activities and groups. The professional recruited for this position will optimally have a masters in health services/public health with experience in community organization, HIV/AIDS treatment, strategic planning and basic data analysis.

**B. Fringe Benefits**

\$7,200

Fringe benefits are calculated at 24% of salary. This includes FICA (6.65%), unemployment compensation (1%), workers compensation (1%), health/life/disability (12.35%) and retirement contributions (3%). Contractors will not receive fringe benefits.

**C. Equipment**

\$2,500

A personal computer will be purchased for use by the project manager.

**D. Travel**

\$1,900

Out of town travel is included for the project manager to attend the two day Ryan White Planning Grant Orientation in November 2000 and the one day Ryan White Title III EIS Pre-Application Workshop in summer 2001 in Washington D.C. The costs are calculated at per diem rates and are allocated as follows:

Air Fare	500
Ground Transportation	35
Lodging	360 (based on 3 night stay at \$120 per night)
Per Diem	55
Total	\$950 x 2 meetings=\$1,900

**E. Supplies**

\$1,000

Includes basic office supplies (i.e., pens, paper) and copying fees for the needs assessment report (150 copies at \$3.00 a copy = \$450).

**F. Contractual**

\$3,200

BCHC will have a contract with Elaine Shoup, Ph.D., a survey design researcher at Penn State University, who will provide consultation on development of the provider and PLWH needs assessment instrument, analyze data results and write final report. Amount is based on 80 hours of work x \$40.00/hr consulting fee = \$3,200.

**G. Other**

\$2,500

Rent and utilities are based on the percentage of the organizations total FTEs allocated to this program (10%). Rent (\$15,000/yr x 10% of total FTEs = \$1,500) Utilities (5,000/yr x 10% of total FTEs = \$500)

Phone/fax is estimated at \$250 and postage is estimated at \$250 for mailing out all related correspondence including final needs assessment reports.

**ATTACHMENT D-1 (continued)**  
**SAMPLE - BUDGET JUSTIFICATION**  
**Initiative I - Planning Grant Proposal**

**H. Projected Years Two and Three**

\$50,000

It is anticipated this program will need two years of “transition” funding to be successful. Program costs for each transition year are estimated at the same level as year one.

**Attachment D-2 (continued)**  
**SAMPLE -JUSTIFICATION**  
**Initiative 2 - Capacity Building Proposal**

**A. Personnel**

Personnel hired for this capacity effort will be contractual. Please refer to section F. Contractual.

**B. Fringe Benefits**

These positions will not receive fringe benefits.

**C. Equipment**

\$ 5,000

A personal computer and laser jet printer will be purchase for use by the clinical coordinator and secretary to produce documents.

**D. Travel**

\$1,575

Out of town travel is included for the clinical coordinator to attend treatment and care specific conferences as directed by the medical director. The costs are calculated at per diem rates and are allocated as follows:

Airfare:	700
Ground Transportation:	75
Lodging	600
Per Diem	200
Total	\$1575

**E. Supplies**

\$2,000

Includes basic office supplies ( i.e., pens, paper, binders) and printing fees for the written guidelines and training materials.

**F. Contractual**

\$40,925

BCHC will contract with the clinical coordinator and secretary for one year to provide the following services:

- 1) The clinical coordinator will be employed under this capacity building effort with the responsibility of : development and coordination of the clinical protocols under the supervision of the Medical Director; quality assurance ; and development and provision of training of clinical and non- clinical staff involved in the care and treatment of persons with HIV/AIDS. The person recruited for this position will have optimally a masters in nursing with experience in HIV/AIDS care and treatment of adults, pediatrics and adolescents. Additionally, this person should have experience in training and must be proficient in the Microsoft office products.
- 2) The secretary will be employed under this capacity building effort with the responsibility of: assisting the clinical coordinator in document production, filing, answering the phone and correspondence mailings. The Secretary will also develop and HIV clinical care chart system under direction of the clinical coordinator.

**G. Other**

\$500

Phone/fax is estimated at \$250 and postage is estimated for \$250 for mailing out related correspondence.

**Attachment D-2 (continued)**  
**SAMPLE -JUSTIFICATION**  
**Initiative 2 - Capacity Building Proposal**

**H. Projected Years Two and Three**

This application is for one year of funding.

**Attachment D-1 (continued)**

**Standard Form (SF) 424A**

(Must be included with all requests)

ITEM	INITIATIVE 1	INITIATIVE 2	TOTAL
Personnel	\$30,000	\$0	\$30,000
Fringe Benefits	\$7,200	\$0	\$7,200
Travel	\$1,900	\$1,575	\$3,475
Equipment	\$2,500	\$3,000	\$5,500
Supplies	\$1,000	\$40,925	\$50,925
Contractual	\$3,200	\$500	\$3,700
Other	\$2,500	\$0	\$2,500
Indirect Charges (Administrative Category Only) (Per Federal negotiated agreement, if applicable)			\$0
<b>TOTAL</b>	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$100,000</b>

## **ATTACHMENT E**

### **2001 Ryan White Title III Planning/Capacity Grant Options Form**

**\*\*This form should become Page 1 of your application and directly follow the Table of Contents\*\***

**Name of Applicant Organization:** \_\_\_\_\_

Please indicate which Initiative(s) you are applying under (*see descriptions of Initiatives on page 4*):

**G Initiative 1: Grants to Plan for the Establishment of HIV Early Intervention Services**

(\$50,000 one year grant; option of second and third year transition grants of \$50,000 each)

**G** Rural or Underserved

**G** Communities of Color

**G** Collaborative Proposal with another agency

Name of collaborative agency: \_\_\_\_\_

Amount of request: \$ \_\_\_\_\_

Project period needed to complete activities: 1 year: \_\_\_\_\_

2 years: \_\_\_\_\_

3 years: \_\_\_\_\_

**G Initiative 2: Grants to Expand Organizational Capacity to Provide HIV Early Intervention Services** (Maximum grant of \$150,000 for 1, 2, or 3 years)

Amount of total request: \$ \_\_\_\_\_

Amount of total request for year 1: \$ \_\_\_\_\_

Estimated project period needed to complete activities: 1 year: \_\_\_\_\_

2 years: \_\_\_\_\_

3 years: \_\_\_\_\_

**G** Rural or Underserved

**G** Communities of Color

**ATTACHMENT E (continued)**

**2001 Ryan White Title III Planning and Capacity Grant Options Form**

**Minority Organization Status:**

\* more than 50% of the executive board or governing body are filled by persons of the racial/ethnic minority group(s) proposed to be served: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*more than 50% or more of key management, supervisory and administrative positions (e.g. executive director, program director, fiscal director) are filled by persons of the racial/ethnic minority group(s) proposed to be served: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*more than 50% or more of key service provision positions (staff members in direct services) are filled by persons of the racial/ethnic group (s) proposed to be served: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*more than 50% or more of clients served in the previous one year data period are persons of the racial/ethnic minority group(s) proposed to be served in this application: \_\_\_\_\_ Yes \_\_\_\_\_ No



## **ATTACHMENT F**

Excerpts from the Ryan White CARE Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 and 2000 that pertains to the HIV Planning/Capacity Building Grant Program

Public Health Service Act (42 U.S.C. 300ff, Section 2654)

**“SEC. 2654. MISCELLANEOUS PROVISIONS**

**“(a).....**

**“(b)...**

**“(c) PLANNING AND DEVELOPMENT GRANTS**

**“(1) IN GENERAL. - The Secretary may provide planning grants to public and nonprofit private entities for purposes of**

**A) enabling such entities to provide HIV early intervention services; and  
B) assisting the entities in expanding their capacity to provide HIV-related health services, including early intervention services, in low-income communities and affected subpopulations that are underserved with respect to such services (subject to the condition that a grant pursuant to this subparagraph may not be expended to purchase or improve land, or to purchase, construct, or permanently improve, other than minor remodeling, any building or other facility);**

**“(2) REQUIREMENT.-The Secretary may only award a grant to an entity under paragraph (1) if the Secretary determines that the entity will use such grant to assist the entity in qualifying for a grant under section 2651.**

**“(3) PREFERENCE.-In awarding grants under paragraph (1), the Secretary shall give preference to entities that provide primary care services in rural or underserved communities.**

**“(4) AMOUNT AND DURATION OF GRANTS.-**

**(A) EARLY INTERVENTION SERVICES - a grant under paragraph**

**(1)(A) may be made in an amount not to exceed \$50,000.**

**(B) CAPACITY DEVELOPMENT -**

**(i)AMOUNT - a grant under paragraph (1)(B) may be made in an amount not to exceed \$150,000.**

**(ii)DURATION -The total duration of a grant under paragraph (1)(B), including any renewal, may not exceed 3 years.**

**“(5) LIMITATION.-Not to exceed 5 percent of the amount appropriated for a fiscal year under section 2655 may be used to carry out this section.”**

